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ABSTRACT

This paper presents a model for the development, implementation, and utilization of a health education, counseling, case management, and advocacy program for teenage parents. It describes the Teen Parent Advocate Program, a rurally based program designed to reduce the incidence of repeat teenage pregnancy, develop more effective contraceptive behaviors, improve infant and maternal health, develop effective parenting skills, and increase use of community resources. The paper discusses the use of a health educator to provide education information beginning while the teenagers are in obstetrical recovery. It notes that bi-weekly contact continues for a 3-month period, and includes telephone counseling and appointments as requested. An analysis of the adolescent participants in the program is presented. Utilization of referrals are evaluated. Education and counseling sessions with recurring themes for the teenagers, their partners, and their families are described. Outlines are included for program development, formal and informal service networks, program modifications, and program strengths and weaknesses. Recommendations and conclusions for program effectiveness conclude the paper. (Author/NB)

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A FAMILY PLANNING TEEN PARENT ADVOCATE PROGRAM

This paper presents a model of practice on the development, implementation and utilization for a health education, counseling, case management, advocate program for teen parents. The Teen Parent Advocate Program (TPAP), a rurally based program, is designed to reduce the incidence of repeat teen pregnancy, develop more effective contraceptive behavior(s), improve infant and maternal health, develop effective parenting skills and increase utilization of community resources. The paper discusses the use of a health educator provision of education information initiated while teens are in obstetrical recovery. Bi-weekly contact continues for a three month period including telephone counseling and appointments as requested. An analysis by the teen participants is presented. Utilization of referrals are evaluated. Education and counseling sessions with recurring themes for teens, partners and families are presented. Program development, formal and informal service networks, program modifications, strengths and weaknesses outlines are given. Recommendations and conclusions for program effectiveness conclude the paper.

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TEEN PARENT ADVOCATE PROGRAM

A recurring problem of the decade facing thousands of communities across the country is the phenomonon of teenage pregnancy. In response to the problem, Family Planning Services of Cumberland and Gloucester Counties developed the Teen Parent Advocate Program (TPAP) in 1983. Using a crisis intervention theory model, intervention and support services are offered to provide early and continuous care for the initial three months of parenthood. The program goals focus on:

1. Postponement of repeat pregnancy;
2. Improved maternal health;
3. Enhancement of infant health and early development;
4. Facilitation of effective use of community resources.

Goals are accomplished through seven targeted program activities to teen mothers and their infants. Teen fathers and grandparents are involved on an individual basis, based upon request for the partner/grandparent with consent of the teen mother. The program services include:

1. Distribution of non-prescriptive contraception during the post-partum hospitalization;
2. Continuing education and counseling on contraceptive use;
3. Client assessment on emotional, social, economic, health, education, employment, and parenting skills;
4. Education and counseling on infant growth and development;
5. Education, counseling and support on effective parenting techniques;
6. Counseling and intervention of post-partum follow-up visit, nutrition, exercise, emotional adjustment, sexual activity, and family relationships;
7. Advocacy services to community service.

PROGRAM FORMAT

Participation in the program is voluntary and is initiated while the teen is in post-partum recovery at the hospital. All patients enrolled in the public health sponsored obstetrical clinics are eligible to be seen. Patients enrolled with local private providers are seen with provider approval. Follow-up services, while offered to all teens are targeted to teens who:

1. are 16 years old and younger;
2. lack stong support systems;
3. lack financial stability;
4. lack awareness or use of community resources;
5. exhibit poor bonding with their infants;
6. experience problems in delivery, recovery, or infant health;
7. have known family problems;
8. have problems identified by hospital or prenatal staff.

The above-listed screening criteria for follow-up were implemented after on year of service due to the overwhelming number of program participants and limited staff. For teen experiencing a positive adjustment to parenthood, follow-up is terminated after the six weeks post partum visit. Reassessments for discharge are then completed intermitently up to three months.

Service for all teens is initiated at bedside during post-partum hospitalization with educational materials and non-prescriptive methods of birth control being offered. In 1984, 267 out of the 269 teens contacted accepted the educational packet containing material on contraception, parenting, post-partum recovery, nutrition, infant growth and development, and a teen resource directory of community services.

The health educator uses this initial contact to establish a relationship with the teen parent for future follow-up. The program's service is contingent upon this contact initiated during the post-partum hospitalization. Following general concepts of crisis intervention theory, this model facilitates the inter-

vention by a trained worker during the time of greatest need - obstetrical recovery. Previous attempts to work with teens not seen in post-partum recovery demonstrated delayed development of the counseling education relationship. Facing an unknown relationship to infant, family, and partner, the newly imposed roles of parent, teens seek support and assistance. Issues of personal health, personal and family adjustment to the infant, infant care, and resuming sexual relations are addressed. A demonstration of the use of foam and condoms and the dispelling of any myths about birth control are accomplished in this initial visit. Any special problems noted by obstetrical nursing staff are explored with the teen parent and referred for community follow-up. Patients enrolling in the program are then contacted bi-weekly to accomplish program goals and objectives.

The three month follow-up is conducted by telephone when possible, or by correspondence. Target areas identified by the worker during the post-partum hosptialization and during the post-partum check up are discussed. Telephone sessions facilitate support, education, counseling and early intervention. Correspondence, while not as strong as telephone support, also provides these services. Individual appointments are available on as needed or requested basis. Public health nurse referral for home visitation and assessment is utilized with a large majority of teen patients. In follow-up, the health educator stresses the importance of the post-partum visit for the mother, and pediatric visits for the infant with an emphasis on the immunization schedule.

During the post-partum visit, the health educator re-establishes contact as she continues her role as advocate and family planning counselor. This visit affords the teen mother seeking contraception an opportunity to refamiliarize herself with choices and usage. The counseling session is a time for review of the patient's own expectations as parent, student or employee.

The presence of the teen father, or family during the hospital or post-partum visit helps in the needs assessment process. Joint counseling often

facilitates discussion and resolution on concerns about contraception and parenting. Similiarly, when the infant is present, the health educator has the opportunity to assess infant bonding and feeding behaviors.

Services are continued for three months for all teens wishing to continue in the program. Discharge may occur earlier at the discretion of the health educator when it appears that all identified problems are resolved, client requests termination, or client is no longer able to be contacted. On an individual basis, services may be extended beyond the three months when identified problems are unresolved and need further coordination and intervention. Program design was limited to three months based upon two key factors, involvement with the family planning and infant health care systems. Teens opting to use contraception should have established contraceptive use behavior and Family Planning staff will be available for additional education and counseling as required. By three months post-partum, infants should be enrolled in local public health pediatric services. The health educator remains available for continued contact and intervention for teens previously enrolled.

Staffing

The Teen Parent Advocate Program is staffed by a bachelor level trained human service professional with extensive knowledge of community resources and previous work experience with pregnant teens and women. Continuing education in the areas of adolescent growth and development, adolescent pregnancy, counseling and related areas augments professional development and peer support for the worker. Supervision is offered by the director of community education, a health educator trained in the psychology of women. A key clinical consulation component is offered through a local early intervention childhood education service. The consultant is a master level trained social worker with a work history in women's health, prenatal, family planning, and infant growth and development. Bi-weekly consultations focus on program and case review.

Funding

During the program's initial year of service, the funding was received through a contract agreement with a federally funded community health center. Program administration costs, contraceptive supplies and space were provided in-kind by Family Planning Service, a Title X, Social Service and Maternal and Block Grant funded program. In subsequent years, application to March of Dimes has provided significant program support. Local businesses have partially subsidized printing costs for the printing of a pictorial community resource brochure. Currently, the New Jersey State Department of Health, the agency grantor, funds the major costs of the program. Outside corporate and foundation support is being explored for potential program expansion and research.

Family Planning and teen participants

Family Planning's sponsorship of the program was focused in these areas, effective contraceptive use, and improved maternal health and infant health. A recent random sample evaluation of teens 18 years old and younger involved in the family planning system and the TPAP, indicated that in a one year period, 1984, 37 teens out of a total of 66 reviewed became family planning patients. After an interval of three months, 31 teens were continuing contraceptive patients, after six months, 25 teens. The continuation of teens in the family planning system is directly attributed to the intervention of the Teen Parent Advocate Program.

An additional benefit of the program has been seen by the teen's return for the post-partum appointment. Assessment of the random sample group indicates that 49 teens returned for the post-partum visit.

A random sampling program evaluation by 23 teen participants indicated that 22 recalled discussing contraception while in hospital recovery, 22 recalled follow-up conversation, and 21 said they decided to use contraception as a result of the counseling provided.

Referral

A major component of the program is the involvement of community agencies. Referrals are accomplished through two means, formal and informal agreements. An agency referral form provides written feedback, while verbal feedback on resource utilization is often provided by the teen parent. A program evaluation conducted with 60 participants (random sample) showed the four most common referrals include Women, Infants and Children (WIC) program (24), LaLeche League (7), pediatric clinic (18), early childhood intervention program (24). Other agencies such as visiting nurses, parent support groups, and the child protection agency are used as required. Informal evaluation of the program by community agencies indicates a strong committment and interest in the program.

Program Evaluation: Teen Reaction

Internal program evaluation occurred in 1984-1985 through teen parent reaction to the program. Questionnaires were mailed to 80 participants with a 29% return. General comments indicated that as a result of the health educator's follow-up phone calls, they initiated some type of action, (example: Made doctor's appointment for baby (22), made doctor's appointment for self (20), enrolled in the Women, Infants and Children (WIC) program (19), returned to school (19). 22 respondents stated they read the booklets distributed to them while in the hospital, with 21 stating they were useful. 17 shared the information with a significant other, partner (11), sister (4), friends (4). All teens indicated recallof discussion on some area of maternal and child health while in recovery and in follow-up, (example: nursing, parenting, child care, employment and medicaid

Future Direction

The program requires further expansion of advocate services in two directions. First, in order to have teens break the cycle of public support, stronger and greater intensity and continued support is required for teen parents during

and beyond the three month follow-up limit. Secondly, a comprehensive program involving day care, educational services, vocational training, parenting maternal and infant health is required. Categorical programs currently existing in communities require casemanagement for teen mothers before delayed childbearing and independent living may be realized. It is the program intent to follow this direction with initial contact with the teen at post-partum bedside and intensive work with the teen until functioning as an independent, self-reliant parent and citizen.